DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name.

I believe that I am the original and first sole inventor or an original and first joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR SEM INSPECTION OF FLUID CONTAINING SAMPLES

the Specificati	ion of which		•	
	is attached hereto was filed on June 1, 2003 as United States Application Number Application No. PCT/IL03/000457	or	PCT	International
	and was amended on		(i	f applicable).

I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any provisional application filed in the United States in accordance with 35 U.S.C. §1.119(e), or any application for patent that has been converted to a Provisional Application within one (1) year of its filing date, or any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FILED APPLICATION(S)

APPLICATION	COUNTRY	(DAY/MONTH/YEAR FILED)	PRIORITY
NUMBER PCT/IL03/000457	PCT	1 JUNE 2003	CLAIMED YES
60/448,808	US	20 FEBRUARY 2003	YES
60/393,747	US	8 JULY 2002	YES YES
150055 150054	IL IL	5 JUNE 2002 5 JUNE 2002	YES

I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, \$1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NO.

FULL NAME OF INVENTOR:

FILING DATE (DAY/MONTH/YEAR) STATUS - PATENTED, PENDING, ABANDONED

I hereby appoint as my attorney(s) and agent(s) Mark S. Cohen (Attorney, Registration No 42,425) or Caleb Pollack (Attorney, Registration No 37,912) or Guy Yonay (Attorney, Registration No 52,388) or Guy Levi (Attorney, Registration No 55,376) said attorney(s) and agent(s) with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to:

EITAN, PEARL, LATZER & COHEN ZEDEK, LLP. 10 ROCKEFELLER PLAZA **SUITE 1001** NEW YORK, NEW YORK 10020

Direct all telephone calls to (212) 632-3480 and all facsimiles at (212) 632-3490.

Customer No. 27130

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

	FULL NAME OF INVENTOR:	DEHAK, Veleu	V
	FULL RESIDENCE ADDRESS:	202 Moshav Bait Zait, PO Box 15290, 90815 Israel	10
C	COUNTRY OF CITIZENSHIP:	Israel & USA	
	FULL POST OFFICE ADDRESS SIGNATURE OF INVENTOR DATE 28-11-04	Rale	
	DATE $\frac{28-11-04}{\text{(day / month / ye}}$	ear)	

BEHAR, Vered

	FULL NAME OF INVENTOR:	NECHUSHTAN, Amotz
	FULL RESIDENCE ADDRESS:	32 Haalon St., Ascret, Israel
NP	COUNTRY OF CITIZENSHIP:	Israel
	FULL POST OFFICE ADDRESS:	same //
<i>†</i> .	SIGNATURE OF INVENTOR	And recluste
	DATE 28 M/09 (day / month / year)	
	FULL NAME OF INVENTOR:	KLIGER, Yossef
_	FULL RESIDENCE ADDRESS:	Mivza Nachshon 14/15, Rishon Lezion 75445, Israel
\mathcal{N}_{0}	COUNTRY OF CITIZENSHIP:	Israel
)	FULL POST OFFICE ADDRESS	: same
	SIGNATURE OF INVENTOR	
	DATE(day / month / year)	
	FULL NAME OF INVENTOR:	GILEADI, Opher
	FULL RESIDENCE ADDRESS:	4 Southdale Rd., Oxford OX2 7SD, United Kingdom GLX
12	COUNTRY OF CITIZENSHIP:	Israel
4	FULL POST OFFICE ADDRESS	: same
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FULL NAME OF INVENTOR:	BEHAR, Vered
FULL RESIDENCE ADDRESS:	202 Moshav Bait Zait, PO Box 15290, 90815 Israe
COUNTRY OF CITIZENSHIP:	Israel & USA
	ν
FULL POST OFFICE ADDRESS:	same
SIGNATURE OF INVENTOR	
DATE	
(day / month / ye	ar)

FULL NAME OF INVENTOR:	NECHUSHTAN, Amotz
FULL RESIDENCE ADDRESS:	32 Haalon St., Aseret, Israel
COUNTRY OF CITIZENSHIP:	Israel
FULL POST OFFICE ADDRESS:	same
SIGNATURE OF INVENTOR	
DATE(day / month / year)	
FULL NAME OF INVENTOR:	KLIGER, Yossef
FULL RESIDENCE ADDRESS:	Mivza Nachshon 14/15, Rishon Lezion 75445, Israel
COUNTRY OF CITIZENSHIP:	Israel
FULL POST OFFICE ADDRESS: SIGNATURE OF INVENTOR DATE	1 2 4
(day / month / year)	•
FULL NAME OF INVENTOR:	GILEADI, Opher
FULL RESIDENCE ADDRESS:	4 Southdale Rd., Oxford OX2 7SD, United Kingdom
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FULL POST OFFICE ADDRESS	: same
SIGNATURE OF INVENTOR	Ople G. h.A.
DATE 25/11/200 4 (day / month / year)	